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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

T.A. and S.A., minors by and through
their Guardian ad Litem JULIETTA
CHURCHER;
ALBERTO HURTADO; LINDA
LEE STEELE;
ALEXANDER ARENAS; KRISTIN
ARENAS

Case No.: 2:25-cv-05555-MCS (ASx)

**DECLARATION OF JULIETTA
CHURCHER AS GUARDIAN AD
LITEM FOR MINOR PLAINTIFF T.A.
(C.C.P. § 377.32)**

Plaintiffs,

v.

CITY OF DOWNEY, DOES 1-10

Defendants.

C.C.P. § 377.32 DECLARATION OF JULIETTA CHURCHER FOR T.A.,
SUCCESSOR IN INTEREST TO ALBERTO ARENAS

I, JULIETTA CHURCHER, do hereby declare as follows:

1 1. My name is JULIETTA CHURCHER. I am a competent adult over the
2 age of eighteen and the natural mother of minor plaintiff T.A.

3 2. I am personally familiar with the facts contained herein and would and
4 could competently testify thereto if called upon to do so.

5 3. The name of the decedent in this action is Alberto Arenas
6 (“Decedent”).

7 4. T.A. is Decedent's child. He is Decedent's successor in interest as
8 defined in Section 377.11 of the California Code of Civil Procedure as his biological
9 child.

10 || 5. No other persons have a superior right to commence this action.

11 6. Everett's death certificate is filed concurrently as Exhibit A.

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13 I, JULIETTA CHURCHER, declare under penalty of perjury under the laws
14 of the State of California that the foregoing is true and correct.

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Executed on 6/23/2025 2025 in Los Angeles, California.

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EXHIBIT A

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD
#63

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052024148385		CERTIFICATE OF DEATH		3202419032637			
STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / DO NOT USE PENS OR ALTERATIONS VS-11 (REV 3/08)		LEGAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given) ALBERTO		2. MIDDLE NICHOLAS		3. LAST (Family) ARENAS			
4. DATE OF BIRTH mm/dd/yy 01/07/1995		5. AGE Yrs. 29		6. SEX M			
7. DATE OF DEATH mm/dd/yy 06/29/2024		8. HOUR (24 Hours) 2044 EST					
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 625-86-0581		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
12. MARITAL STATUS/SPR/BOP (at Time of Death) NEVER MARRIED		13. EDUCATION - Highest Level Degree 09		14. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MANUFACTURER		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MANUFACTURING MEDICAL SUPPLIES			
18. YEARS IN OCCUPATION 1							
19. DECEASED'S RESIDENCE (Street and number, or location) 7118 STEWART AND GRAY RD		20. CITY DOWNEY		21. COUNTY/PROVINCE LOS ANGELES			
22. ZIP CODE 90241		23. ZIP CODE 90241		24. YEARS IN COUNTY 29			
25. STATE/FOREIGN COUNTRY CA							
26. INFORMANT'S NAME, RELATIONSHIP LINDA LEE STEELE, MOTHER		27. INFORMANT'S MAILING ADDRESS (Street and number, or mail route number, city or town, state and zip) 7118 STEWART AND GRAY RD, DOWNEY, CA 90241					
28. NAME OF SERVING SPOUSE/SPD/FIRST ALBERTO		29. MIDDLE ARENAS		30. LAST (BIRTH NAME) HURTADO			
31. NAME OF FATHER/PARENT-FIRST ALBERTO		32. MIDDLE LEE		33. LAST STEELE			
34. BIRTH STATE MEX, MX				35. NAME OF MOTHER/PARENT-FIRST LINDA		36. BIRTH STATE CA	
37. DECEASED'S DATE OF BIRTH 07/18/2024		38. PLACE OF FINAL DISPOSITION PARK LAWN CEMETERY 6555 E GAGE AVE, COMMERCE, CA 90040		39. LICENSE NUMBER EMB9567			
40. PLACE OF DEATH ALLEY		41. TYPE OF DISPOSITIONS BURIAL		42. SIGNATURE OF EMBALMER ► ARTURO Y MUNOZ			
43. LICENSE NUMBER FD743		44. NAME OF FUNERAL ESTABLISHMENT ALLEN - ENGLISH & ESTRADA FUNERAL SERVICE		45. LICENSE NUMBER ► MUNTU DAVIS MD			
46. SIGNATURE OF LOCAL REGISTRAR FD743				47. DATE mm/dd/yy 07/15/2024			
48. PLACE OF DEATH ALLEY		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 7118 STEWART AND GRAY RD		50. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Home/Etc <input type="checkbox"/> Other			
51. TIME INTERVAL BETWEEN DEATH AND FINDING SECS		52. DEATH REPORTED TO COHERER (A) YES <input type="checkbox"/> NO (B) YES <input checked="" type="checkbox"/> NO (C) YES <input type="checkbox"/> NO (D) YES <input type="checkbox"/> NO		53. DECEASED PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK			
54. SEQUENTIAL LIST CONDITIONS, IF ANY, LEADING UP TO DEATH ON LINE A. ENTER UNDERLYING CAUSE OR INJURY THAT INITIATED THE EVENTS RESULTING IN DEATH LAST				55. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE				57. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
58. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO				59. DECEASED PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK			
60. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE ABOVE DATE AND PLACE STATED FROM THE CAUSE(S) Decedent Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/> (A) mm/dd/yy <input type="checkbox"/> (B) mm/dd/yy		61. SIGNATURE AND TITLE OF CERTIFIER REGINA AUGUSTINE		62. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE REGINA AUGUSTINE, DEP CORONER			
63. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		64. INJURED AT WORK? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		65. INJURY DATE mm/dd/yy 06/29/2024			
66. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) OTHER: ALLEY				67. HOUR (24 Hours) 2025			
68. LOCATION OF INJURY (Street and number, or location, and city, and zip) 7118 STEWART AND GRAY RD, DOWNEY, CA 90241							
69. SIGNATURE OF CORONER/DEPUTY CORONER REGINA AUGUSTINE		70. DATE mm/dd/yy 07/11/2024		71. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER			
72. STATE REGISTRAR A B C D E				73. FAX AUTH. # CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles.